

REMARKS/ARGUMENTS

The Examiner is thanked for the final Office Action dated April 11, 2008. The status of the application is as follows:

- Claims 1-10 and 21-30 are pending, claims 1 and 8 have been amended, and claims 21-30 have been added; and
- Claims 1-10 are rejected under 35 U.S.C. 103(a) as being unpatentable over Golasarsky et al. (US 5,891,044) in view of Segalowitz (US 5,307,818).

The rejections are discussed below.

The Rejection of Claims 1-10 under 35 U.S.C. §103(a)

Claims 1-10 stand rejected under 35 U.S.C. §103(a) as being unpatentable over Golasarsky et al. in view of Segalowitz. Amended claim 1 recites that a real-time evaluator measures and analyzes **a histogram of a temporal distribution of an interval between successive corresponding characteristic peaks in an ECG spectrum during a plurality of successive heart cycles**, and an alarm generator that generates an alarm based on the analysis of said histogram **when a pre-determined value of the interval corresponding to an alarm-relevant classification is detected**. The emphasized claim aspects are not taught or suggested by the prior art.

In contrast, the prior art teaches a method of detecting abnormal heart rate variability in a series of heart beat segments. The heart rate variability of a plurality of recorded heart beat segments of a first subject having normal heart rate variability is compared to the heart rate variability of a plurality of recorded heart beat segments of a second subject to see if the heart rate variability of the second subject deviates from pre-determined limits (Golasarsky et al., col. 6, line 58 to col. 7, line 12).

More particularly, histograms of the heart beat segments of the first and second subject are generated comprising the numbers of each of the heart rates (or RR Time Intervals) recorded versus each particular heart rate (or RR Time Interval) which are characterized as a function of the most commonly occurring heart rate (or RR Time

Interval) of each of the heart beat segments (Golasarsky et al., Figs. 50 and 51). If the amplitude of the mode AM_0 (the largest number of the most commonly occurring heart rates or RR Time Intervals divided by the total number of time intervals in a time segment) of the histograms for the second subject deviates from predetermined limits derived from the histograms of the first subject, abnormal heart rate variability is indicated. (Golasarsky et al., col. 6, line 58 to col. 7, line 12).

However, claim 1 requires analyzing the histogram of the temporal distribution of the interval between successive heart beats for the same patient to generate an alarm when a pre-determined value of the interval corresponds to an alarm-relevant classification. Golasarsky et al. does not teach or suggest analyzing a histogram of the temporal distribution of the interval between successive heart beats of one patient to generate an alarm when a pre-determined value of the interval between successive heart beats corresponds to an alarm-relevant classification. Accordingly, applicant respectfully submits that claim 1 is allowable, and the rejection of claim 1 should be withdrawn.

Claims 2-7 depend from claim 1 and are allowable at least by virtue of their dependency upon an allowable base claim.

Independent **claim 8** is directed towards a method for alerting a patient for a substantial probability of a cardiac arrest event for use with an apparatus substantially as claimed in claim 1. As such, the discussion above regarding claim 1 applies *mutatis mutandis* to claim 8, and this rejection should be withdrawn.

Claims 9-10 depend from claim 8 and are allowable at least by virtue of their dependency upon an allowable base claim.

New Claims 21-30

Newly added claims 21-30 emphasize various aspects. No new matter has been added. The aspects in these claims are absent from the prior art of record relied upon by the Office. Entry and allowance of claims 21-30 is respectfully requested.

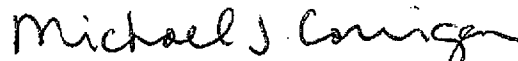
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New **claim 30** depends from claim 1 and requires, *inter alia*, that the ECG sensors obtain patient heart data across the ECG spectrum including P, Q, R, S and T signals. Pursuant to an Examiner's Interview conducted by telephone on July 13, 2009 with the undersigned, Golsarsky et al. does not teach or suggest an ECG sensor that detects heart signals across the ECG spectrum including P, Q, S and T signals.

Conclusion

In view of the above, it is submitted that the subject claims distinguish patentably and non-obviously over the prior art of record. An early indication of allowability is earnestly solicited

Respectfully submitted,



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